



Registration Form

Student Name _____ Instrument(s) _____

No. of years instrument played _____

Grade/Year in School _____

School _____

Address _____

City _____ State _____ Zip _____

Student E-mail address _____

Phone (_____) _____ Date of Birth _____ Age _____ Gender () F () M

Mother/Guardian _____ Phone (home/work) _____

Mother E-mail address _____

Mother/Guardian Address(if different from above)

City _____ State _____ Zip _____

Father/Guardian _____ Phone (home/work) _____

Father E-mail address _____

Father/Guardian Address(if different from above)

City _____ State _____ Zip _____

Emergency Contact _____ Phone _____

School Music Teacher _____ Phone _____

Private Music Teacher _____ Phone _____

*If applicable, please indicate which parent or guardian is the primary contact:

PERCUSSIONISTS – please indicate which percussion you are able and comfortable to play:

_____ Mallet Percussion (i.e. xylophone, orchestra bells, marimba, etc.)

_____ Auxiliary Percussion (i.e. snare drum, bass drum, triangle, cymbals, etc.)

_____ Timpani

TUITION

Tuition for Participation in TWO Ensembles - \$200 for the spring semester (due no later than January 31st)

Tuition for Participation in ONE Ensemble - \$150 for the year (due no later than January 31st)

Tuition for the year is outlined above. Tuition is non-refundable.

The tuition helps cover the costs of hiring professional musicians to come and work with the students, purchasing and copying music, administrative work, as well as marketing materials such as the printing of programs, posters, flyers, etc.

FINANCIAL AID

_____ Please check here if you would like to be considered for Financial Aid, and send in a copy of your most recent year's tax return to Christine Kastner, President/CEO, at ckastner@fayettevillesymphony.org.

Please note: Financial aid is limited, and consideration will be handled on a case-by-case basis.

If under 18 years old:

I hereby agree that my child, _____, may participate in all activities of the Fayetteville Symphony Youth Orchestra. I understand and agree that the Fayetteville Symphony shall not be responsible for any injury to my child or any damage to, or loss of, my child's property. I release the Fayetteville Symphony Orchestra from all liability resulting from my child's presence at and participation in activities directly or indirectly related to the Fayetteville Symphony Youth Orchestra. I agree to be responsible for all tuition and fees for the Youth Orchestra and recognize that early withdrawal will not release me from financial obligation. I understand video, audio, and still photography will be used for marketing of the Youth Symphony, and that my child will not be identified in any way.

Parent/Guardian Signature

Date

Person(s) authorized to pick up my child from rehearsal:

Fayetteville Symphony Youth Orchestra
Emergency Medical Information & Release Form

Student Name _____ Age _____

In Case of Emergency, Contact:

1.) Name: _____ Relationship: _____ Phone: _____

2.) Name: _____ Relationship: _____ Phone: _____

3.) Name: _____ Relationship: _____ Phone: _____

ALLERGIES(Food/Medicine/Etc.): _____

Physical Disabilities or Learning Differences that the Instructors Should be Aware Of: _____

Current Medications: _____

Insurance Information: _____

This information is considered confidential, and it will be used only in emergency situations.

If under 18 years old:

I, _____, the parent/guardian of my child _____
hereby assume the risk for any injuries that I, or my child may sustain in the pursuit of the activities while at Fayetteville Symphony Youth Orchestra events and do hereby remise, release and forever discharge the Fayetteville Symphony Orchestra, its independent contractors, and employees from any actions, suits, damages, claims, or judgments that might arise from any personal injury or property damage or loss that may be sustained while at these events. I have read and fully understood this document and signed below:

Parent/Guardian Signature

Date



CHECKLIST

Application and Application Fee Deadline: August 31st, 2018

_____ Application Form

_____ Medical Release Form

- Credit Card online at www.fayettevillesymphony.org
OR
- Check made out to the Fayetteville Symphony Orchestra

Send all materials to Kathryn Moore, Patron & Communications Manager, by email or by mail.

Email: kmoore@fayettevillesymphony.org

OR

Mail to:

Fayetteville Symphony Orchestra

Attn: FSYO

P.O. Box 302

Fayetteville, NC 28302